

**STATE OF MARYLAND**  
OFFICE OF THE LIEUTENANT GOVERNOR



**ANTHONY G. BROWN**  
LIEUTENANT GOVERNOR

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TTY USERS CALL VIA MD RELAY

December 16, 2009

The Honorable Martin J. O'Malley  
Governor of Maryland  
State House  
100 State Circle  
Annapolis, Maryland 21401-1925

The Honorable Thomas V. Mike Miller, Jr.  
President of the Senate  
State House  
100 State Circle, Room H-101  
Annapolis, Maryland 21401-1991

The Honorable Michael E. Busch  
Speaker of the House  
State House  
100 State Circle, Room H-107  
Annapolis, Maryland 21401-1991

Re: Health - General Article, Annotated Code of Maryland, Section 13-2703  
2009 Interim Report on the Veterans Behavioral Health Advisory Board

Dear Governor O'Malley, President Miller and Speaker Busch:

Pursuant to Health - General Article, Annotated Code of Maryland, Section 13-2703, attached is the 2009 Interim Report on the Veterans Behavioral Health Advisory Board.

Sincerely,

A handwritten signature in black ink, appearing to read "AGB", written over a horizontal line.

Anthony G. Brown

AGB/pcr

Enclosure



**ANTHONY G. BROWN**  
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Re: Health - General Article, Annotated Code of Maryland, Section 13-2703  
2009 Interim Report on the Veterans Behavioral Health Advisory Board

Dear Governor O'Malley, President Miller and Speaker Busch:

Pursuant to Health - General Article, Annotated Code of Maryland, Section 13-2703, the Veterans Behavioral Health Advisory Board (the "Board") respectfully submits this report on its activities and findings. The legislation requires that the Board conduct an analysis of the behavioral health needs of Veterans and their families, identify the barriers to accessing services, identify gaps in service and facilitate collaboration among the appropriate entities who serve Veterans and their families.

The Maryland Department of Planning projects the number of Veterans residing in Maryland in 2010 will be 476,202. This group accounts for approximately 8% of the State's total population. It is important to connect these Veterans, especially those returning from recent conflicts, with necessary somatic and behavioral health care services to ensure their successful reintegration into civilian life.

The Advisory Board, chaired by me and co-chaired by the Secretaries of the Maryland Department of Health and Mental Hygiene (DHMH) and the Department of Veterans Affairs (MDVA), held three administrative meetings and three regional meetings around the State in Southern Maryland, Western Maryland, and on the Eastern Shore (Appendix A). Each meeting included representatives from the United States Department of Veterans Affairs (USVA) service centers, Veteran service organizations, Veterans, family members, and/or service providers. The representative provided insights into the challenges faced by Veterans and their families in accessing services.

The Advisory Board established three workgroups: access and transportation; outreach and education; and children, family and special populations. These topics were identified as areas of concerns and barriers to obtaining services. The workgroups enlisted the assistance of State and Federal agencies and other subject matter experts to gather information and to explore possible solutions targeted at (a) increasing awareness of the need for services; (b) expanding service availability; and, (c) providing information on service locations.

#### Access and Transportation

The Access and Transportation workgroup focused its efforts on improving services by supporting:

- Expansion of USVA-funded Community Based Outpatient Centers (CBOCs) (Appendix B);
- Development of USVA/Maryland collaborations regarding USVA satellite sites; and,
- Supporting development of USVA/Maryland collaborations regarding telepsychiatry.

The USVA Integrated Service Network 5 (comprised of the Martinsburg Veterans Affairs Medical Center, the Washington DC VAMC and the VA Maryland Health Care System) is planning to open new CBOCs at Fort Meade, Fort Detrick, and near Andrews Air Force Base. The Fort Detrick CBOC is under construction and is expected to open next year. The award for Fort Meade has been delayed but services will be provided in leased space until construction is completed sometime in 2011. Bids for the CBOC near Andrews Air Force Base are currently being evaluated. These expansions will bring services closer to areas where many Veterans live.

With support from the Advisory Board, the USVA VISN 5, which serves Central Maryland and the Eastern Shore, was awarded a grant of \$300,000 in September 2009 to develop additional behavioral health services on the Eastern Shore. DHMH and the VA Maryland Health Care System are working together to maximize these funds to enhance services. Plans are underway to locate a mobile outreach team in Salisbury that will bring mental health treatment into the homes of rural Veterans for whom transportation, homelessness or serious mental illness prevents them from receiving care at the Cambridge or Pocomoke City CBOCs. The team is expected to be operational in the next three months.

The Access and Transportation workgroup has also been working with the USVA to develop services to Veterans who live in Grantsville, located in a remote area of Garrett County. The proposal is to deploy clinicians from the Cumberland CBOC one to two days a week. The Garrett County Health Department is looking for office space to accommodate the USVA clinicians.

This November, I announced the initiation of a short-term transportation demonstration project to enhance access to care on the Eastern Shore that will provide transportation services to Veterans to and from their clinical appointments and home. This project will be evaluated to assess its effectiveness and, if appropriate, expanded to other Eastern Shore counties and possibly across the State.

At the request of the workgroup, the Maryland Department of Planning developed maps showing the location of USVA services and the concentration of Veterans residing in the 24 jurisdictions (Appendix C).

#### Outreach and Education

The Outreach and Education workgroup identified five overarching goals:

- Ensure Veterans have every opportunity to make the transition from combat to reuniting with their families, re-joining their home communities and re-entering the local economy;
- Educate/reinforce Veterans and their families, about the signs and symptoms of post traumatic stress disorder, depression and behavioral issues that can arise in children and adolescents of deployed service members or when a family is under stress because of untreated symptoms;
- Increase awareness about USVA benefits and entitlements, and available community healthcare services and vet-friendly programs;
- Increase community awareness about the issues and challenges faced by combat Veterans returning to civilian life; and,
- Educate community stakeholders so they understand how they can contribute to Veterans' successful community reintegration.

The workgroup has identified the need for training to mental health and substance abuse treatment providers to educate them on military culture and has begun to identify possible partners to enhance community outreach.

DHMH conducted two training sessions in October 2009 on military culture, post traumatic stress disorder, traumatic brain injuries and other Veteran issues. Approximately 100 mental health and substance abuse service providers attended the trainings. Future trainings will be conducted as the need is identified.

### Children, Family and Special Populations

This workgroup has defined its tasks as:

- Promoting outreach to support military members, Veterans and their families/children across the broadly defined area of public and private education, from pre-kindergarten through college;
- Identifying needs and barriers to behavioral health services within the correctional and law enforcement communities and to support reintegration of State and county inmates;
- Identifying needs and barriers to behavioral health services for female Veterans and for homeless Veterans.

Members of the workgroup have conferred with staff at the Maryland State Department of Education (MSDE) about current initiatives to inform school counselors and other pupil personnel professionals of the unique needs of military children. The discussion also examined the gaps and opportunities that exist related to children of Active Duty personnel, as well as children of the National Guard and members of Reserve Components. MSDE has partnered with the Military Child Education Coalition to provide three seminars related to understanding the needs of the military child.

The State's community college system represents an important opportunity to expand outreach and services to military members and Veterans, as well as their families. For many Veterans, community colleges are closer to home and easily accessible.

For example, Montgomery College is the site of an innovative outreach program for military members and Veterans. "*Combat2college*" promotes and supports Veterans' transition to the academic arena and social challenges of college. The focus is on transitioning the skills learned in military service to civilian work.

Workgroup members also met with two local law enforcement agencies to discuss transition issues for members of the National Guard and Reserve Components. The law enforcement representatives highlighted anecdotal information that suggests that the transition from active military services, especially combat service, poses unique stressors for those returning to or entering law enforcement. These challenges include a variety of post-service/post-combat behavioral health issues, anger management, impulse control, and relationship problems with significant others, superiors, peers, and subordinates.

As more women serve in combat zones, the share of female Veterans who end up homeless has nearly doubled over the last decade. According to the USVA, an estimated 6,500 female Veterans are homeless. For younger Veterans, it is more pronounced. One out of every 10 homeless vets under the age of 45 is now a woman. Although no specific data is available for Maryland, this is an area of concern that the workgroup intends to research further.

### Maryland's Commitment to Veterans

In addition to establishing the Veterans Behavioral Health Advisory Board, Senate Bill 210/House Bill 372 (2008 Legislative Session) created the Veterans Behavioral Health Initiative, now branded as Maryland's Commitment to Veterans (MCV). The initiative was created to provide service coordination for Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) Veterans and provide information and resources to Veterans about behavioral health services. In 2009, House Bill 1475 expanded the MCV program to all Veterans who served in the uniformed services.

MCV's Regional Resource Coordinators (RRCs) began work on August 18, 2008 and are assigned to cover Maryland's western, southern, central and eastern shore regions. A toll-free number (877-770-4801) was acquired and staffed beginning on October 1, 2008. Initially the number was only open during normal business hours; however, in July 2009, the toll free line was expanded to 24/7 availability via a multi-service call center. This telephone line serves as a one-stop referral service. Inquiries are routed to the RRCs for follow up based on need and geographic location. The RRCs actively link Veterans to appropriate behavioral health and other services provided through the USVA. If timely access to USVA services is not available, then Veterans are referred to Maryland's public mental health system. The call center also has the capacity to do a live transfer to a crisis hotline if necessary.

During the first year of operation, the MCV received over 1,000 calls. Veterans, family members, friends and community groups called with questions about how to access USVA services, requests for mental health and substance abuse services, and inquiries about employment, housing and educational benefits.

In November 2008, the DHMH and the USVA finalized a Memorandum of Understanding (MOU) that outlines the specifics of each program and delineates the process by which referrals will be handled and how services will be provided. The RRCs and the USVA representatives meet regularly to discuss difficult cases and discuss ways to improve access to services.

In March and April this year, I introduced the Network of Care website that features a portal that provides a directory of community resources, news and information, and social networking specifically designed for the Veteran population. I also announced the launch of the MCV website featuring user-friendly navigation, up-to-date features and comprehensive information to serve Veterans and their loved ones.

To further enhance outreach efforts, DHMH partnered with a marketing firm to develop a strategy and a media campaign to promote the MCV initiative. On November 10, 2009, I launched the media campaign and unveiled the new logo. The media campaign includes new billboards, gas toppers, radio and newspaper ads, public service announcements, and movie theater ads. DHMH will be collecting data to evaluate the effectiveness of the campaign.

Next Steps

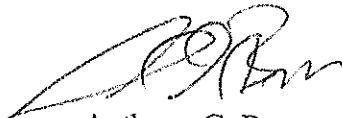
The Advisory Board will continue to work on the tasks outlined in SB 210/HB 372 (Appendix D), specifically to identify impediments to behavioral health services, explore ways to close service gaps, and facilitate collaboration among the parties to address issues of transportation, increase awareness of Veterans' issues, educate providers on sensitivity to military culture and improve access to services. The Board will identify solutions to ensure that the behavioral health system offers a continuum of care and is consumer friendly, easy to access, and knowledgeable about duty and military life stressors unique to Veterans and their families.

Specific tasks include:

- Analyze data from the MCV initiative to determine who called, why they called, whether the Veteran was linked to services, geographic distribution of calls, and barriers to accessing services;
- Explore mechanisms to expand linkages between local mental health and substance abuse providers and the USVA;
- Continue collaboration with USVA to expand and enhance services, particularly in rural areas;
- Analyze data from the transportation pilot program to determine the benefit of the program and its applicability in other areas;
- Determine the need for additional training of mental health and substance abuse providers in military culture, post traumatic stress disorder and traumatic brain injuries;
- Continue to work with the MSDE to ensure that all pupil personnel workers and school counselors are aware of the resources to address the unique needs of military children; and,
- Research the availability of data of homeless Veterans, particularly women and their behavioral health needs.

A final report will be submitted by December 1, 2010.

Sincerely,



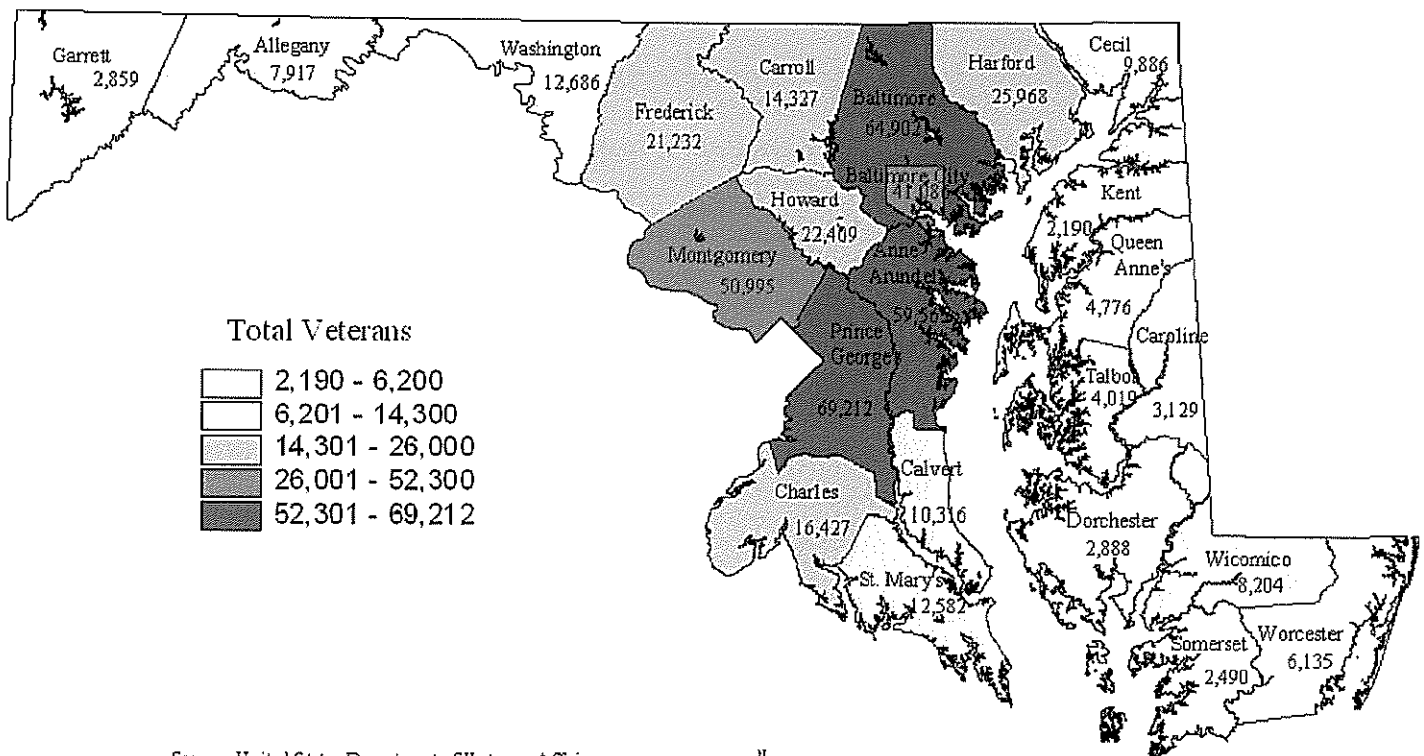
Anthony G. Brown

AGB/pcr

Enclosures

# Projected Number of Veterans in Maryland - 2009

Projected Veterans in Maryland: 476,202



Source: United States Department of Veterans Affairs  
Map Prepared for the Maryland Department of Veteran Affairs  
by the Maryland Department of Planning, Planning Data Services



## **Veterans Behavioral Health Advisory Board Members**

<b>The Honorable Anthony G. Brown</b> Lieutenant Governor, State of Maryland Board Chair	Board Chair
<b>Douglas (Doug) J.J. Peters</b> Senator, Maryland General Assembly	Chair, Outreach and Education Workgroup
<b>Karen S. Montgomery</b> Delegate, Maryland General Assembly	Access and Transportation Workgroup
<b>Brigadier General James A. Adkins</b> Adjutant General, Maryland Military Department	Children/Family and Special Populations
<b>Edward Chow, Jr.</b> Secretary, Maryland Department of Veterans Affairs	Access and Transportation Workgroup
<b>John M. Colmers, M.P.H.</b> Secretary, Maryland Department of Health and Mental Hygiene	Outreach and Education Workgroup
<b>James (Jim) A. Martin, Ph.D., BCD</b> Colonel, U.S. Army (Retired)	Chair, Children/Family and Special Populations Workgroup
<b>Joseph G. Liberto, M.D.</b> Director, Mental Health Clinical Center VA Maryland Health Care System	Access and Transportation Workgroup
<b>William G. Prescott, M.D.</b> Psychiatrist, Brook Lane Health Services	Children/Family and Special Populations Workgroup
<b>Scott Rose</b> President/CEO, Way Station, Inc.	Chair, Access and Transportation Workgroup
<b>Raymond C. Watson</b> Prince George's County Adult and Elderly Services Coordinator	Children/Family and Special Populations Workgroup
<b>Charles Williams</b> Colonel, U.S. Army (Retired)	Outreach and Education Workgroup

## MEETING DATES AND LOCATIONS

September 25, 2008	Charlotte Hall Veterans Home Charlotte Hall, Maryland
January 12, 2009	Anne Arundel Community College Arnold, Maryland
March 16, 2009	Miller Senate Building Annapolis, Maryland
May 18, 2009	Frostburg State University Frostburg, Maryland
July 14, 2009	Salisbury University Salisbury, Maryland
October 30, 2009	Md. Department of Housing and Community Development Crownsville, Maryland

## VISN 5 Current and Planned CBOC Listing

5/14/09

Lease Name and Location	Hours of Operation	Sq. Ft.	Current Rent	Current Services Provided or Planned for future CBOCs	Current Strategic Plan to Expand Yes/No
<b>VA Maryland Health Care System CBOCs</b>					
Cambridge CBOC 830 Chesapeake Drive Cambridge, MD 21613 Phone: 410-901-4000	M - F 8:00 - 4:30	11,945	\$191,196	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Occupational Therapy Podiatry Pulmonary Stop Smoking Social Work Services Telephone Care Urology Women's Health	No
Fort Howard CBOC 9600 North Point Road Fort Howard, MD 21052 Phone: 410-477-7046	M - F 8:00 - 4:30	8,272	VA Owned Space	Primary Care Mental Health Anticoagulation Clinic Arthritis/Gold Clinic Care Management Employee Health Environmental Medicine Nutrition Podiatry Pulmonary Social Work Services Telephone Care Women's Health	Relocate in new space per Enhanced-Use Lease Initiative
Glen Burnie CBOC 808 Landmark Drive, Suite 128 Glen Burnie, MD 21061 Phone: 410-590-4140	M - F 8:00 - 4:30	8,080	\$266,000	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Podiatry Social Work Services Telephone Care Women's Health	No
Loch Raven CBOC 3901 The Alameda Baltimore, MD 21218 Phone: 410-605-7650	M - F 8:00 - 4:30	19,858	VA Owned Space	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Stop Smoking Social Work Services Telephone Care Women's Health	No
Pocomoke CBOC ext Cambridge 101B Market St. Pocomoke City, MD 21851 Phone: 1-800-949-1003 x 5016	M - F 8:00 - 4:30	1,200	\$32,916	Primary Care Social Work Services Telephone Care	Plan to relocate to Salisbury, MD in FY 12

**VISN 5 Current and Planned CBOC Listing**

5/14/09

Lease Name and Location	Hours of Operation	Sq. Ft.	Current Rent	Current Services Provided or Planned for future CBOCs	Current Strategic Plan to Expand Yes/No
<b>VA Maryland Health Care System Future Planned CBOCs</b>					
VA/Army Collocated CBOC at Kimbrough Ambulatory Care Center, Fort Meade		13,200	Minor Project VA Owned Space Activation FY 11	Primary Care Mental Health Anticoagulation Clinic Audiology/Speech Pathology Care Management Employee Health Nutrition Optometry Podiatry Social Work Services Telephone Care Women's Health	Potential to expand an additional 13, 200 GSF
Eldersburg CBOC Eldersburg, MD		14,750	Lease Estimate \$590,000 Activation FY 12	Primary Care Mental Health Anticoagulation Clinic Care Management Employee Health Social Work Services Telephone Care Women's Health	Potential to expand scope of future lease
Salisbury CBOC Salisbury, MD		8,240	Lease Estimate \$330,000 Activation FY 14	Primary Care Mental Health Anticoagulation Clinic Care Management Employee Health Social Work Services Telephone Care Women's Health	Potential to expand scope of future lease
<b>VAMC Martinsburg CBOC's</b>					
Cumberland CBOC 200 Glen Street Cumberland, MD 21502 Phone: 301.724.0061	M - F 8:00 - 4:30	6,500	\$152,170	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Phlebotomy and EKG services Optometry (fee basis)	No
Hagerstown CBOC 1101 Opal Ct Hagerstown, MD	M - F 8:00 - 4:30	6,500	\$118,430	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Phlebotomy and EKG services Smoking Cessation Optometry (fee basis)	Planning to expand lease in FY 08

# **VISN 5 Current and Planned CBOC Listing**

5/14/09

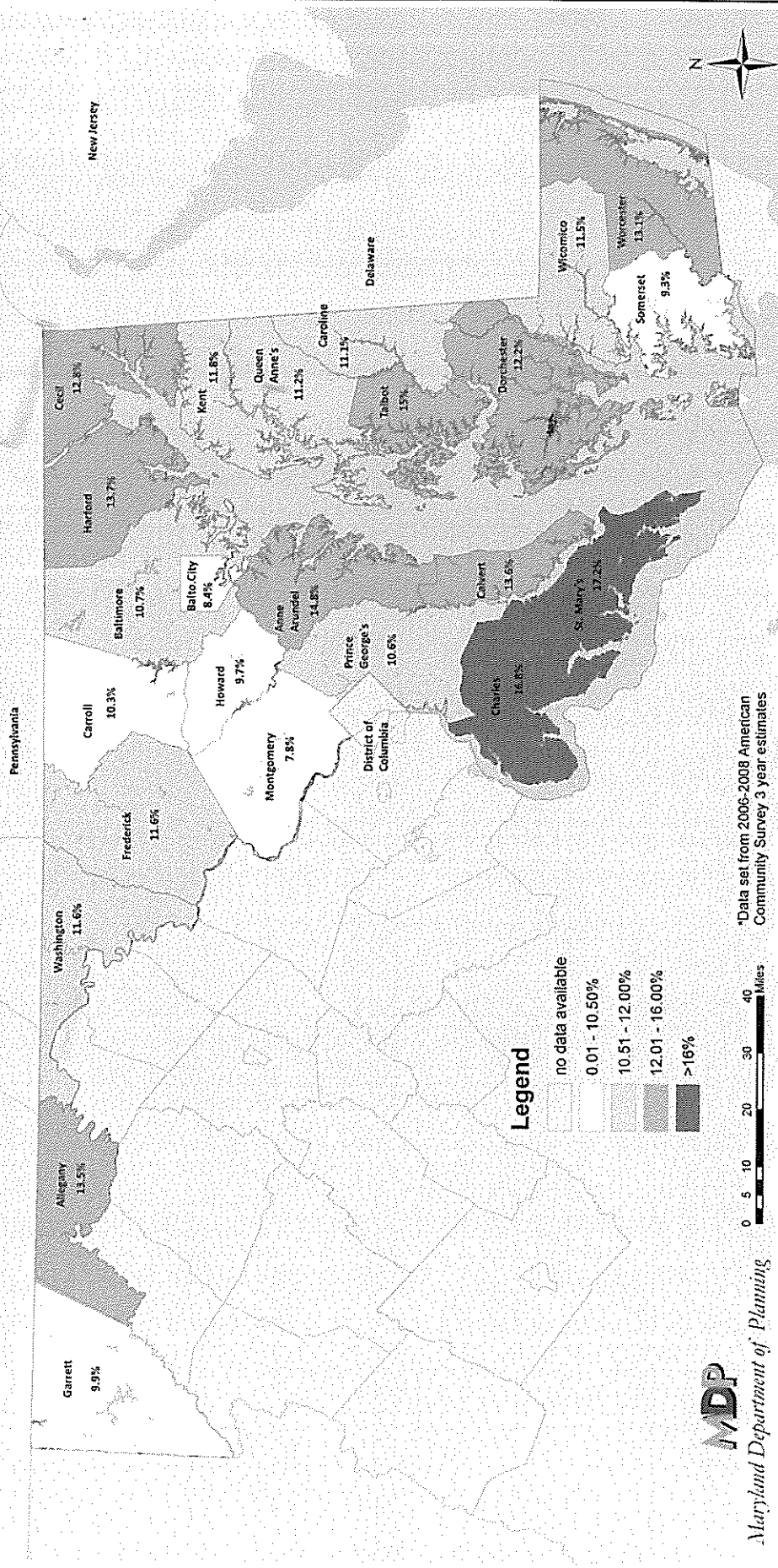
Lease Name and Location	Hours of Operation	Sq. Ft.	Current Rent	Current Services Provided or Planned for future CBOCs	Current Strategic Plan to Expand Yes/No
SE Washington CBOC/Vet Center 820 Chesapeake Street, SE Washington, DC 20032 Phone: 202.345.2463	M - F 8:00 - 4:30	3,450	\$78,600	Primary Care Mental Health (incl. subst. abuse counseling) Nutrition Women's Health	No
Greenbelt CBOC 7525 Greenway Ctr. Dr. Greenbelt, MD 20770 Phone: 301-345-2463	M - F 8:00 - 4:30	1,800	\$30,079	Primary Care Mental Health (incl. subst. abuse counseling) Nutrition Women's Health Telederm	No
<b>VAMC Washington, DC Planned CBOCs</b>					
VA/Army Collocated CBOC at DeWitt Community Replacement Hospital, Fort Belvoir		10,790	Minor Project VA Owned Space Activation FY 11	Primary Care Mental Health Women's Health and other specialties as patient demand indicates	No
VA/AF Collocated CBOC at Malcolm Grow Ambulatory Care Center, Andrews		Lease 6,000 Major 40,000	Leased Start-up Clinic FY 10 Major Project VA Owned Space	Primary Care Mental Health Women's Health and other specialties as patient demand indicates	Potential to increase scope of Major

**VISN 5 Current and Planned CBOC Listing**

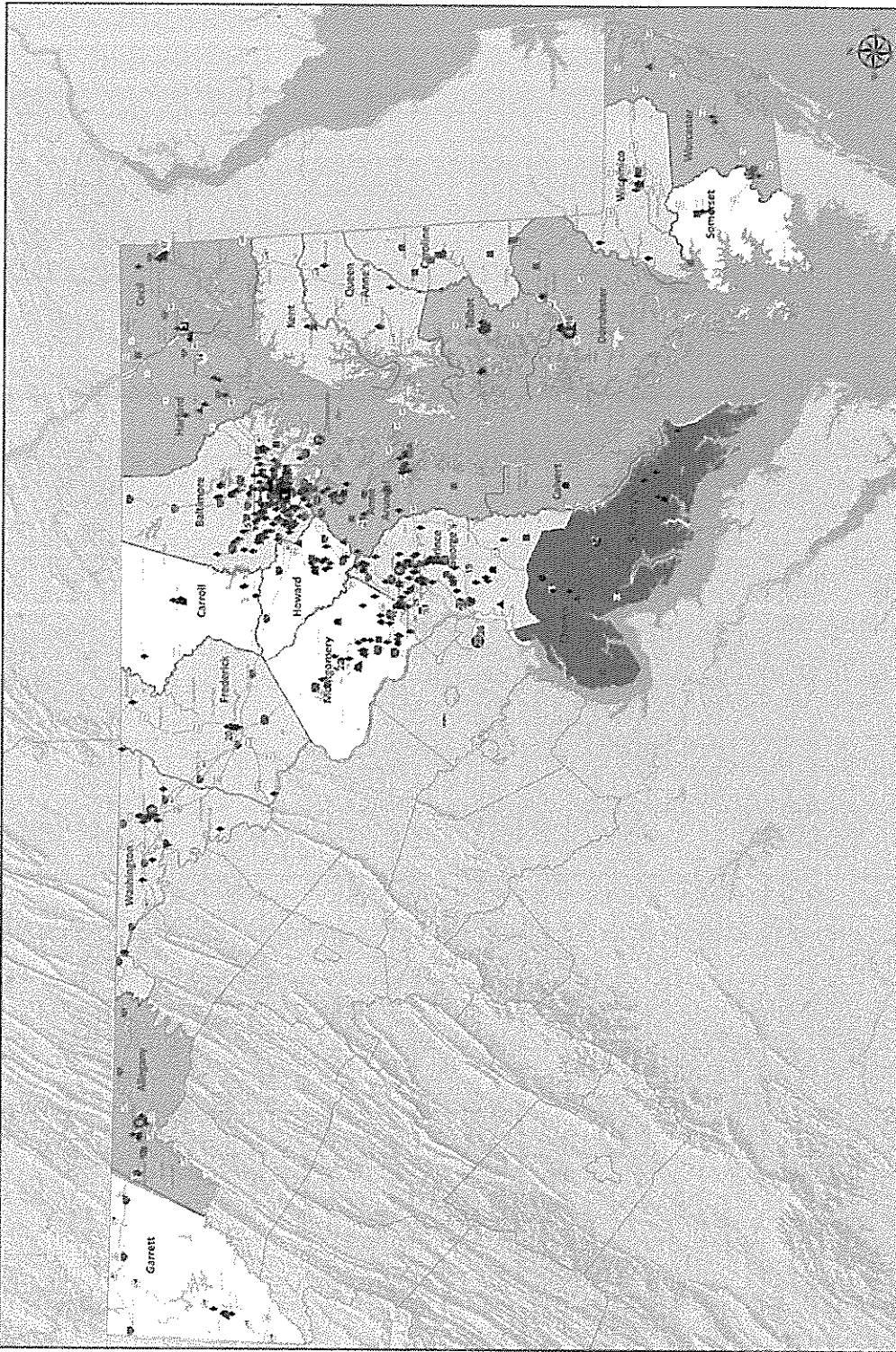
5/14/09

Lease Name and Location	Hours of Operation	Sq. Ft.	Current Rent	Current Services Provided or Planned for future CBOCs	Current Strategic Plan to Expand Yes/No
Stephens City CBOC 106 Hyde Court Stephens City, VA	M, T, W, F 8:00 - 4:30 Th 7:00 - 3:30	5,466	\$97,708	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Lipids Clinic Phlebotomy and EKG services	No
Petersburg CBOC C/o Grant Memorial Hospital PO Box 1019 Petersburg, WV 26847 Phone: 304.257.5817	M - F 8:00 - 4:00		Contract CBOC	Primary Care Mental Health Phlebotomy and EKG services	No
Franklin CBOC C/o Pendleton Community Care 314 Pine Street Franklin, WV 26847 Phone: 304-358-2355	T, W, F 8:30 - 4:30 M, Th 8:30 - 9:00		Contract CBOC	Primary Care Mental Health Phlebotomy and EKG services	No
Harrisonburg CBOC 847 Cantrell Ave., Suite 100 Harrisonburg, VA 22801 Phone: 540-442-1773	M - F 8:00 - 4:30		Contract CBOC	Primary Care Mental Health Well Women Nurse Health Maintenance Phlebotomy and EKG services	No
<b>VAMC Martinsburg Future Planned CBOC's</b>					
VA/Army Collocated CBOC at Barquist Ambulatory Care Center, Fort Detrick		15,350	Minor Project VA Owned Space Activation FY 11	Primary Care Mental Health Telepsychiatry Teleretinal Camera Anti-Coagulation Clinical Pharmacy Nurse Health Maintenance Social Work Advance Directives Nutrition Well Women Phlebotomy and EKG services Optometry (fee basis)	Potential to expand an additional 15,350 GSF
<b>VAMC Washington, DC CBOCs</b>					
Charlotte Hall CBOC 29431 Charlotte Hall Road Charlotte Hall, MD 20622 Phone: 301-884-7102 ext, 5000	M - F 8:00 - 4:30	3,400	\$1	Primary Care Mental Health (incl. subst. abuse counseling) Nutrition Audiology Telederm Teleretinal	Potential to request additional space through sharing agreement
Alexandria CBOC 6940 South Kings Hwy, Suite 208 Alexandria, VA 22310 Phone: 703-360-1442	M - F 7:30 - 4:00	3,200	\$49,566	Primary Care Mental Health (incl. subst. abuse counseling) Women's Health Audiology in Jan. 2008	Plan to relocate to Fort Belvoir in FY 11

# Percent of the Civilian Population 18 Years and Over Who Are Veterans: 2006 - 2008



- Veteran Facilities**
- MARYLAND**
- Acute General Hospital w/ Psychiatric Facilities
  - ▲ In-State Mental Health Facilities
  - ↑ CMHC Mental Health Facilities
  - FQHC Mental Health Facilities
- VA MEDICAL CENTERS**
- 14 Aberdeen Regional Office VA Center
  - 15 Aberdeen VA Medical Center
  - 16 Baltimore VA Medical Center
  - 17 Baltimore VA Rehabilitation and Extended Care Center
  - 18 Fort Belvoir VA Medical Center
  - 19 Fort Belvoir VA Medical Center (J200)
  - 20 Cambridge Outpatient Clinic
  - 21 Community Clinic - Greenbelt
  - 22 Cumberland VA Outpatient Clinic
  - 23 Fort Belvoir VA Outpatient Clinic
  - 24 Glen Burnie VA Outpatient Clinic
  - 25 Hagerstown VA Outpatient Clinic
  - 26 Loch Raven VA Outpatient Clinic
  - 27 Pikesville City VA Outpatient Clinic
  - 28 Southern Maryland VA Outpatient Clinic
- VA COMMUNITY BASED OUTPATIENT CLINIC (CBOC)**
- 101 Cambridge Outpatient Clinic
  - 102 Community Clinic - Greenbelt
  - 103 Cumberland VA Outpatient Clinic
  - 104 Fort Belvoir VA Outpatient Clinic
  - 105 Glen Burnie VA Outpatient Clinic
  - 106 Hagerstown VA Outpatient Clinic
  - 107 Loch Raven VA Outpatient Clinic
  - 108 Pikesville City VA Outpatient Clinic
  - 109 Southern Maryland VA Outpatient Clinic
- VA MEDICAL CENTER**
- 13 161st Medical Regional Office VA Center
  - 14 Aberdeen VA Center Outpatient 2
  - 15 Baltimore VA Center
  - 16 Cambridge VA Center Outpatient 1
  - 17 Elton VA Center
  - 18 Silver Spring VA Center
  - 10A Planned VA Center - Annapolis
- PLANNED CBOC**
- 19 Andrews AFB
  - 20 Fort Detrick
  - 21 Fort George G. Meade
  - 22 Montgomery County (near Gaithersburg)
- VIRGINIA**
- 23 Community Clinic - Alexandria
  - 24 Harrisonburg Outpatient Clinic
  - 25 Stephens City VA Outpatient Clinic
  - 26 Alexandria VA Clinic
- WASHINGTON, D.C.**
- 27 Community Clinic - Southeast
  - 28 Washington DC VA Medical Center
  - 29 Washington DC VA Center
- WEST VIRGINIA**
- 30 Franklin County Outpatient Clinic
  - 31 Potomac County Outpatient Clinic
  - 32 Martinsburg VA Medical Center
  - 33 Martinsburg VA Center



**State of Maryland: Mental Health Facilities Available to Veterans & Percent of the Civilian Population 18 Years and Over Who are Veterans (2006-2008)**

no data available    0.01 - 10.00%    10.51 - 12.00%    12.01 - 16.00%    >16%

## **Appendix D**

### **Maryland Veterans Behavioral Health Initiative**

#### **Charge to the Board**

The Advisory Board shall:

- (1) Conduct an immediate analysis of the behavioral health needs of veterans and their families;
- (2) Identify the gaps in behavioral health services available to veterans and their families;
- (3) Identify impediments to the ability of veterans and their families to access the behavioral health services that are available, particularly in the State's rural areas;
- (4) Facilitate collaboration among organizations and entities, including hospitals, that provide behavioral health services to veterans and their families;
- (5) Make recommendations with respect to improving outreach to veterans and their families in need of behavioral health services;
- (6) Promote federal and State collaboration to maximize funding and access to resources for the behavioral health needs of veterans and their families;
- (7) ) Make recommendations with respect to building provider capacity and increasing provider training to meet the behavioral health needs of veterans and their families;
- (8) Make recommendations with respect to improving the coordination of behavioral health services for veterans and their families; and
- (9) Make recommendations on methods to provide behavioral health services to individuals who are not eligible for benefits from the United States Department of Veterans Affairs due to a dishonorable discharge or release for a reason relating to substance abuse or mental illness.

*Reports.*- The Advisory Board shall submit an interim report of its findings on or before December 1, 2009, and a final report of its findings and recommendations on or before December 1, 2010, to the Governor and, subject to § 2-1246 of the State Government Article, the General Assembly.